

## Chronic Mononucleosis in Adults

PAUL J. DONALD, MD  
Sacramento, California

THE EPSTEIN-BARR VIRUS (EBV) is a ubiquitous organism that infects 85% of the population by the age of 30. A common manifestation of this virus is acute infectious mononucleosis, which characteristically afflicts persons in their teens and early 20s, and is often euphemistically referred to as "the kissing disease" because of its presumptive mode of transmission. The characteristic three-week to three-month period of fatigue, lassitude, sore throat, lymphadenopathy and low-grade fever is well known to most physicians. Positive antigen-specific antibody tests and hematologic findings confirm the diagnosis.

Over the past five to ten years, a number of cases of an EBV-related syndrome akin to mononucleosis but occurring in adults has been reported, but with some significant differences. Although the disease has many clinical similarities to the adolescent form of infectious mononucleosis, its most devastating characteristic is its chronicity. Victims may suffer symptoms for periods ranging from six months to seven years. Other differences are the frequent absence of prominent lymphadenopathy and the evanescence of the laboratory tests. Characteristically, those afflicted are high-energy types, often middle-aged, with busy lifestyles.

An initial period of intense prostration accompanied by sore throat, low-grade fever and often with severe myalgia is followed by a protracted recovery period whose hallmark is a feeling of denervation. In the initial phase, an otolaryngologist/head and neck surgeon may be consulted, not only because of the pharyngitis and adenopathy but because many patients have intense paranasal sinus pain, usually involving the maxillary sinuses. Sinus x-ray films are normal, and antral irrigations, if done, are nonproductive. The pharynx is usually slightly reddened and granular in appearance, with erythema and swelling of the lateral pharyngeal bands. The characteristic white membrane and hypertrophic appearance of the tonsils seen in the adolescent form are commonly absent. The pharyngeal symptoms are

like a barometer, often heralding a worsening of the disease during periods of fatigue or just before relapse. Another characteristic feature of the syndrome is this latter proclivity to relapse, which tends to follow periods of excess physical activity or mental stress or can occasionally occur spontaneously without a precipitating cause. During these times, lassitude, fatigue and an overall sense of weakness are pathognomonic. Facial, pharyngeal and muscular pain present in the initial-stage return. Depression almost invariably accompanies this disorder and is of both the endogenous and exogenous types. The EBV, similar to the hepatitis viruses, has a direct effect on the limbic system. This, coupled with the frustration and boredom brought about by enforced bed rest, deprivation from normal work, exercise and family activities, a sense of life passing one by and the frequent lack of understanding by family, friends and especially health care professionals who often pass the patient off as a "crock," often produces a profound depression that occasionally renders a patient suicidal. Laboratory tests are often of little value. If a blood specimen is drawn early in the course of the disease, the Mono spot test may be positive and the characteristic "butterfly lymphocytes" may be found. Because patients often present late due to misinterpreting early manifestations as "the flu," these tests are usually negative. An elevated EBV antibody titer is commonly seen and often parallels the clinical course of the disease, being worse during relapses. Even this test is not always reliable, however, and false-negatives are not uncommon. A transient mild elevation of the antinuclear antibody titer is occasionally seen.

The disease is self-limiting. Patients slowly recover, often in a series of plateaus with occasional exacerbations lasting from five days to three months. The time course for complete recovery varies, but is often from two to four years in duration. Nonnarcotic analgesics help relieve pain. One of these, sulindac, which is effective for various arthritic conditions, frequently reduces the effects of the disease. In clinical trials, antiviral agents, such as acyclovir, have had no effect. The use of steroids early in the course of the illness may abort the process, but their use is controversial and not always beneficial. Antidepressants such as amitriptyline hydrochloride, usually in low doses (15 to 50 mg), are very effective in relieving depressive symptoms.

### GENERAL REFERENCES

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From the Department of Otorhinolaryngology, University of California Davis Medical Center, Sacramento, California.

Reprint requests to Paul J. Donald, MD, Department of Otorhinolaryngology, UCD Medical Center, 4301 X Street, Room 208, Sacramento, CA 95817.